

# Arthritis

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visit [www.cdc.gov/nccdphp/arthritis](http://www.cdc.gov/nccdphp/arthritis)

# Tennessee

## Arthritis Self-Help Course Expanded to Underserved Communities

### Producing Results

The Arthritis Self-Help Course has improved quality of life among people with arthritis, and more widespread use of the course can save money and reduce the burden of arthritis. In 2004, Tennessee successfully expanded availability and participation in this self-help course to underserved areas that previously had no participation.

### Public Health Problem

Arthritis is among the most common health problem in the United States. During 2002, physician-diagnosed arthritis affected about 1 in 5 U.S. adults (21 percent). In Tennessee, approximately 29.5 percent of the adult population reported physician-diagnosed arthritis in 2002, exceeding the national estimate. Inadequate access to health information is a major barrier to arthritis intervention and treatment in Tennessee.

Research has shown that the pain and disability associated with arthritis can be minimized through early diagnosis and treatment, including appropriate self-management. The Arthritis Self-Help Course, developed at Stanford University, teaches patients necessary self-management skills. This course, taught in a group setting, has been shown to reduce arthritis pain by 20 percent and physician visits by 40 percent, even four years later.

### Taking Action

With CDC support, Tennessee has partnered with the University of Tennessee's Agriculture Extension Services (UTAES) to expand the availability of the Arthritis Self-Help Course in 25 rural areas where access to health care is severely limited. Forty UTAES educators in the 25 targeted regions have been trained to be instructors for this self-help course. Additionally, discretionary funds were used to provide financial support and incentives to participants. Before this partnership, 377 metropolitan participants completed the Arthritis Self-Help Course, and no residents of the 25 identified underserved areas had taken the course. In 2004, 642 participants completed the course. Of those participants, 449 completed the Arthritis Self-Help Course in metropolitan areas and 193 attended courses offered by the UTAES educators.

### Implications and Impact

The Arthritis Self-Help Course had been proven to improve quality of life among people with arthritis. Nationally, less than 1 percent of people with arthritis who could benefit from self-management programs, used them; more widespread use of this course would save money and reduce the burden of arthritis. This partnership demonstrates the importance of identifying and implementing strategies to increase the use of this course in rural, underserved communities. Such collaboration, aimed at implementing community-based projects responsive to the needs and culture of the community, can serve as a model for reaching underserved populations in other states as well.

### Contact Information

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## **Partnering With Offices on Aging to Improve Quality of Life for People With Arthritis in Underserved Areas**

### **Producing Results**

Newly trained leaders for the Arthritis Self-Help Course offered courses in hospitals and senior centers where arthritis-specific interventions had not been available. New York's strategy to expand availability of the Arthritis Self-Help Course by working with senior centers, health systems, and county offices on aging may serve as a model for other states, to increase the availability of interventions.

### **Public Health Problem**

In 2002, the national estimate for the prevalence of physician-diagnosed arthritis was nearly 21 percent (43 million adults), making it among the most common health problems in the United States. In New York, 26.5 percent of adults (approximately 3.6 million) reported that a physician had told them they had arthritis, including 1.3 million persons aged 65 years or older.

### **Taking Action**

With CDC support, the New York State Department of Health collaborated with the New York State Office for Aging and chapters of the Arthritis Foundation to offer evidence-based interventions in six underserved counties in the state. Along with the Arthritis Foundation chapters, the two New York State agencies identified urban and rural areas that were medically underserved. Data from the Index of Medical Underservice were used to determine the target counties for implementation of the Arthritis Self-Help Course. Nine partners representing senior centers, county offices on aging, and a health care network participated in this effort.

Leaders for the Arthritis Self-Help Course were trained to serve in all six counties targeted. In spring 2004, the newly trained leaders offered courses in hospitals and senior centers where arthritis-specific interventions had not been available.

### **Implications and Impact**

The Arthritis Self-Help Course has been proven to reduce the impact of arthritis by reducing pain and physician visits. Nationally, less than 1 percent of people with arthritis who could benefit from self-management programs used them. These interventions are especially scarce in rural settings. New York's strategy to expand the availability of the Arthritis Self-Help Course by working with senior centers, health systems, and county offices on aging may serve as a model for other states to increase the availability of interventions. More widespread use of evidence-based interventions could improve the quality of life among persons with arthritis and reduce direct and indirect medical costs.

### **Contact Information**

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